

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 7-14-05

2 Serial/Patent # 10/533218

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing		4-28-03	\$ 100.00
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$100.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9   --

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

*Fee Code Correction*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE: \_\_\_\_\_

SIGNATURE: BAC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

BT 217

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Adjustment date: 07/14/2005 BCAMPBELL  
05/09/2005 SNAJARRO 00000045 10533218  
03 FC:1632 -500.00 OP

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*